

FE3AN042

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CPERATIONS CENTER

MIND JAN 18 A 9-27

				Office Use Offiy
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
M. E. COMPANI	ES, INC PA	<u>C</u>		·
	, <u> </u>			
ADDRESS (number and street)	635 BROOK	SEDGE BLV	D _{1 1 1 1 1}	
(Check if address				
is changed)	WESTERUIL	LE	DIHI K	430BN-
COMMITTEE'S E-MAIL ADDRES	SS	CITY A	STATE ▲	ZIP CODE A
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COMMITTEE'S WEB PAGE ADD	RESS (URL)			
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COMMITTEE'S FAX NUMBER				
16,14-18,18-4,90	י ב			•
2. DATE 0 1 (0 2007			
3. FEC IDENTIFICATION NU	MBER ► C /	0.3.7.8.7.5.2		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined this	s Statement and to the bes	t of my knowledge and belief	it is true, correct a	nd complete.
Type or Print Name of Treasurer	BETH EAST	ERDAY		· ·
Signature of Treasurer			Date 0	16 2-007
NOTE: Submission of false, erroned		may subject the person signing ON SHOULD BE REPORTED \		e penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)

Local 202-694-1100

l	FEC Fo	rm 1 (Revised 02/2003)	Page 2
5.	TYPE OF C	OMMITTEE (Check One)	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below	· ·)
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
	Name of Candidate		
	Candidate Party Affiliati	Office House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	(e) <u>X</u>	This committee is a separate segregated fund.	
	(f) [This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee.	egregated fund or party
6.	Name of An	y Connected Organization or Affillated Committee	
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<u> </u>			
	Mailing Addre	ess (BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	<u>! </u>
		WESTIERVILLE, OH 43	061-
		CITY ▲ STATE ▲	ZIP CODE A
	Relationship	BPONSOR	·
	Type of Con	nected Organization:	
	X Corp	oration Corporation w/o Capital Stock Labor Organ	nization
	11	bership Organization Trade Association Cooperative	_
			· · · · · · · · · · · · · · · · · · ·

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W	rite or Type Committee Nam					
	M.F.G	ompanies, I	nc PAC			· ·· - · · · -
7.	Custodian of Records: Ide books and records.			tional) and position o	of the person in pos	session of committee
	Full Name TiRE	AS URER	<u> </u>	<u> </u>	<u> </u>	1 1 1
	Mailing Address					
	Title or Position▼		CITY A	STA	TE A	ZIP CODE A
		<u> </u>		Telephone number	<u> </u>	
	 					····
В.	Treasurer: List the name a any designated agent (e.g.,		nber optional) of the	treasurer of the con	nmittee; and the nai	me and address of
	Full Name of Treasurer $B_{\parallel}E_{\parallel}T_{\parallel}$	H. EASTER	2,D1A1Y1 1 1 1		<u> </u>	⁻ <u> </u>
	Mailing Address	6351 BRO	10 KIS IE DIGIE	BILIVIDI		
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		WIES TERL	11166)H 430	811-
	Title or Position▼	•	CITY A	STA	TE A	ZIP CODE A
	SIRI IVI ICIEI P	IR E IS II DEFIN	7 1	Telephone number	614-8	18-4900
	Full Name of Designated RET	A I HIO IWIA RID		- -		
	Mailing Address	635 BRO	10 KISIED 161E	BILIVIDI	<u> </u>	
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	Title or Position▼		CITY A	STA	TE A	ZIP CODE A
	Hamilini Ais	15 1 15 TT A 14 T		Telephone number	614-8	18-4901

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

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Name of Bank, D	epository,	etc.						••															-		·	_								
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	Next Business Day Delivery
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Received from Senate Public Records Office	Date of Receipt ce
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
a	1/18/07
PREPARER	DATE PREPARED

(3/2005)